

HOUSE OF DANCE

I would like to enroll my child/children to:

BALLET FUNK

HOUSE OF DANCE THEATRE SCHOOL

I enclose payment ofBy cash/Cheque

We will require ONE form PER CHILD:

Child's Full Name.....

Age.....

Full Address (Including Postcode).....

.....

D.O.B......

Emergency Contact Name.....

Emergency Contact Number (Two Numbers Please).....

Any medical condition we need to know?.....

Do you give consent to seek medical advice and /or treatment in an emergency? Yes / No

PLEASE TICK THE FOLLOWING & SIGN

I acknowledge and consent to HOUSE of DANCE holding all the information above

I am now aware that I can withdraw any data held regarding the child above at anytime from HOD by contacting: info@houseofdance.co.uk

I give permission for my child to be photographed and filmed during any HOUSE of DANCE activity as a teaching aid and for promotional material

Parent/Guardian Full Name.....

Signature.....

get in touch

INFO@HOUSEOFDANCE.CO.UK

• WWW.HOUSEOFDANCE.CO.UK •

HOUSE ^{OF} DANCE

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